

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Wael M. Ibrahim et al.

Confirmation No.:

Application No.: 10/827,218

Examiner: Unknown

Filing Date: 04/04/04

Group Art Unit:

Title: SUBORDINATE TRUSTED PLATFORM MODULE

MAIL STOP PETITION
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- () Response/Amendment () Petition to extend time to respond
() New fee as calculated below (X) Supplemental Declaration
() No additional fee (Address envelope to "Mail Stop Non-Fee Amendment")
(X) Other: Petition to Change Inventor's Name / Application Data Sheet (fee \$ 135.00)

| CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY | | | | | | |
|--|--|------------------------|--|-------------------------|-------------|---------------------------|
| (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) NUMBER EXTRA | (4) HIGHEST NUMBER PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEES |
| TOTAL CLAIMS | | MINUS | | = 0 | X \$18 | \$ 0 |
| INDEP. CLAIMS | | MINUS | | = 0 | X \$86 | \$ 0 |
| [] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM | | | | | + \$290 | \$ 0 |
| EXTENSION FEE | 1ST MONTH \$110.00 | 2ND MONTH \$420.00 | 3RD MONTH \$950.00 | 4TH MONTH \$1480.00 | | \$ 0 |
| OTHER FEES | | | | | | \$ |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ 0 |

Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit: 06/03/04

Typed Name: Doreen Melchior

Signature: Doreen Melchior

Respectfully submitted,

Wael M. Ibrahim et al.

By Peter Kraguljac

Peter Kraguljac

Attorney/Agent for Applicant(s)

Reg. No. 38,520

Date: 06/03/04

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

| | |
|----------------------|-------------------------|
| Application Number | 10/827,218 |
| Filing Date | 04/04/2004 |
| First Named Inventor | Wael M. Ibrahim, et al. |
| Examiner Name | Not Yet Assigned |
| Group Art Unit | Unknown |
| Attorney Docket No. | 200314912-1 |

**FEE TRANSMITTAL
for FY 2002**

JUN 07 2004

Patent fees are subject to annual revision.

PATENT ACCOUNT OF PAYMENT

(\$)

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

02-2051

Deposit
Account
Name

Benesch, Friedlander, Copl...

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

- ☐
- Check
- ☒
- Credit card
- ☐
- Money
-
- Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

101 740 201 370 Utility filing fee

106 330 206 165 Design filing fee

107 510 207 255 Plant filing fee

108 740 208 370 Reissue filing fee

114 160 214 80 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20** = | X | |
| Multiple Dependent | -3** = | X | |

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim, if not paid

109 84 209 42 ** Reissue independent claims
over original patent110 18 210 9 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--|--------------|--|----------|
| Fee Code | Fee Code | | |
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 920 | 217 460 | Extension for reply within third month | |
| 118 1,440 | 218 720 | Extension for reply within fourth month | |
| 128 1,960 | 228 980 | Extension for reply within fifth month | |
| 119 320 | 219 160 | Notice of Appeal | |
| 120 320 | 220 160 | Filing a brief in support of an appeal | |
| 121 280 | 221 140 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,280 | 241 640 | Petition to revive - unintentional | |
| 142 1,280 | 242 640 | Utility issue fee (or reissue) | |
| 143 460 | 243 230 | Design issue fee | |
| 144 620 | 244 310 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Processing fee under 37 CFR 1.17(q) | |
| 126 180 | 126 180 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 740 | 246 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 | 249 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 | 279 370 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |
| Other fee (specify) <u>Petit. to change inv.name</u> | | | 135.00 |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 135.00

SUBMITTED BY

Name (Print/Type)

Peter Kraguljac

Registration No.
(Attorney/Agent)

38,520

Complete (if applicable)

Telephone

(216) 363-4162

Signature

Peter Kraguljac

Date

06/03/2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|--|---|----------------------------|
| In re application of: |) | Examiner: Not Yet Assigned |
| Wael M. Ibrahim, et al. |) | |
| |) | Art Unit: Unknown |
| Serial No.: 10/827,218 |) | |
| |) | |
| Filed: April 4, 2004 |) | |
| |) | |
| For: Subordinate Trusted Platform Module |) | |
| |) | |
| |) | Attorney Docket No: |
| June 3, 2004 |) | 200314912-1 |

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA
22313-1450

Petition To Change Order of First and Last Name of Inventor Wael M. Ibrahim

Dear Sir:

Patent Application 10/827,218, filed April 4, 2004, erroneously listed the name of the first inventor as Ibrahim M. Wael when his name is actually Wael M. Ibrahim. This was a typographic error.

As can be seen in the signatures on the Declaration and Power of Attorney, and on the Assignment, the inventor signed his name correctly as Wael M. Ibrahim. Thus, pursuant to the guidance provided in the OG notices of 13 April 2004 concerning a Notice of Change to MPEP 605.04(b), Applicant submits this petition under 37 CFR 1.182 to request that the order of the inventor's name be changed. Additionally, pursuant to the guidance provided in the OG notices

06/08/2004 AWONDAF1 00000058 10827218

01 FC:1460

130.00 OP

of 13 April 2004 concerning a Notice of Change to MPEP 605.04(b), Applicant submits the attached Supplemental Application Data Sheet.

Applicant also submits a substitute Declaration with Mr. Ibrahim's name typed correctly to match his signature.

Accompanying this petition is the required fee of \$135.00. If additional fees are required in association with this petition, please charge Deposit Account 02-2051.

In conclusion, Applicant respectfully requests that the name of the inventor Wael M. Ibrahim be employed to reflect the proper order of his name and to correct the typographic mistake on the Declaration.

Respectfully submitted,

June 3, 2004

Date

Peter Kraguljac

Peter Kraguljac (Reg. No. 38,520)

(216) 363-4162



APPLICATION DATA SHEET

Application Information

Application Number:: 10827218
Filing Date:: 04/19/04
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Title:: SUBORDINATE TRUSTED PLATFORM
MODULE
Attorney Docket No:: 200314912-1
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 14
Small Entity:: NO
Petition Included:: YES
Petition Type:: Petition to change order of Inventor's
First and last name under 37 CFR 1.182

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Wael M.

Family Name:: Ibrahim
City of Residence:: Cypress
State or Province
of Residence:: TX
Country of Residence:: United States of America
Street of Mailing Address:: 14719 Bladenboro Drive
City of Mailing Address:: Cypress
State or Province
of Mailing Address:: TX
Country of Mailing Address:: United States of America
Zip Code of Mailing Address:: 77429
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Manny
Family Name:: Nova
City of Residence:: Cypress
State or Province
of Residence:: TX
Country of Residence:: United States of America
Street of Mailing Address:: 162226 Morning Pine Trail
City of Mailing Address:: Cypress
State or Province
of Mailing Address:: TX
Country of Mailing Address:: United States of America
Zip Code of Mailing Address:: 77429

Correspondence Information

Correspondence Customer Number:: 21130

Representative Information

Representative Customer Number:: 21130

Domestic Priority Information

This application has no priority claims.

Foreign Priority Information

This application has no priority claims.

Assignment Information

Assignee name:: Hewlett-Packard Development
Company, L.P.
Street of mailing address:: 20555 SH 249
City of mailing address:: Houston
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 77070

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATIONATTORNEY DOCKET NO. 200314912-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBORDINATE TRUSTED PLATFORM MODULE

the specification of which is attached hereto unless the following box is checked:

(X) was filed on 04/19/04 as US Application No. or PCT International Application
Number 10/827,218 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

| COUNTRY | APPLICATION NUMBER | DATE FILED | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
|---------|--------------------|------------|--------------------------------------|
| | | | YES: _____ NO: _____ |
| | | | YES: _____ NO: _____ |

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

| APPLICATION NUMBER | FILING DATE |
|--------------------|-------------|
| | |
| | |

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION NUMBER | FILING DATE | STATUS (patented/pending/abandoned) |
|--------------------|-------------|-------------------------------------|
| | | |
| | | |

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879Place Customer
Number Bar Code
Label hereSend Correspondence to:
HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

Direct Telephone Calls To:

William P. O'Meara
(970) 898-7917

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Wael M. IbrahimCitizenship: USAResidence: 14719 Bladenboro Drive, Cypress, Texas 77429Post Office Address: 14719 Bladenboro Drive, Cypress, Texas 77429Wael M. Ibrahim
Inventor's Signature5/25/04
Date


DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200314912-1

Full Name of joint inventor: Manny Novoa Citizenship: USA

Residence: 162226 Morning Pine Trail, Cypress, Texas 77429

Post Office Address: 162226 Morning Pine Trail, Cypress, Texas 77429

Inventor's Signature  Date 5/25/04

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____ Date _____